

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983  
**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

**COMPLAINT**

Mendoza Pacheco  
(Last Name) (Identification Number)

ARNOLDO J  
(First Name) (Middle Name)

FORREST COU TY J MSS  
(Institution)

\_\_\_\_\_  
(Address)  
(Enter above the full name of the plaintiff, prisoner and address of plaintiff in this action)

V.

CIVIL ACTION NUMBER: 2:24-cv-22-KS-MTP

(to be completed by the Court)

Forrest Co. Jail

Med.

\_\_\_\_\_  
(Enter the full name of the defendant(s) in this action)

**GENERAL INFORMATION**

- A. At the time of the incident complained of in this complaint, were you incarcerated?  
Yes (☒) No ( )
- B. Are you presently incarcerated?  
Yes (☒) No ( )
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
Yes (☒) No ( )
- D. Are you presently incarcerated for a parole or probation violation?  
Yes ( ) No (☒)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ) No (☒)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ) No (☒)

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Arnoldo J. MENDOZA Prisoner Number: \_\_\_\_\_

Address: Forrest co. Jail

55 arena dr.

Hattiesburg, ms, 39401

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Forrest co. Jail is employed as med.

at Forrest co. Jail

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Arnoldo J. MENDOZA ADDRESS: 55 arena dr.

Hattiesburg, ms, 39401

## DEFENDANT(S):

NAME: ADDRESS:

Forrest co. Jail 55 arena dr.

Hattiesburg, ms, 39401

**OTHER LAWSUITS FILED BY PLAINTIFF**

**NOTICE AND WARNING**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes ( ) No (☒)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

**CASE NUMBER 1.**

1. Parties to the action: \_\_\_\_\_  
\_\_\_\_\_
2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_  
\_\_\_\_\_
3. Docket Number: \_\_\_\_\_
4. Name of judge to whom case was assigned: \_\_\_\_\_
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) \_\_\_\_\_  
\_\_\_\_\_

**CASE NUMBER 2.**

1. Parties to the action: \_\_\_\_\_  
\_\_\_\_\_
2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_  
\_\_\_\_\_
3. Docket Number: \_\_\_\_\_
4. Name of judge to whom case was assigned: \_\_\_\_\_
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) \_\_\_\_\_  
\_\_\_\_\_

### STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

I have two pulled disco in my Lower Back and one in my neck. I was on the yard in Oct of this yr. and fell down and hurt my arm and reingering my Back I have filled out sick calls and get no help Bot Tylenol I cant get around good At All NO help

### RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I'm looking for Med. care, and wages for pain and suffering 250,000

Signed this 9 day of FEB, 20 24.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

  
Signature of plaintiff